

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carol Cummiskey

Serial No.: 09/761,948

Filed: January 17, 2001

For: NETWORK-BASED METHOD AND
SYSTEM FOR SELECTING SHIPPING
CARRIER

:
: Art Unit: 3644
:
: Examiner: Jordan M. Lofdahl
:
:
:
:
:

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Amendment Transmittal Form (3 pgs.), in duplicate
Amendment (12 pgs.), in response to Office Action dated November 17, 2004
One (1) Sheet of Replacement Drawings
Return receipt postcard

STATUS

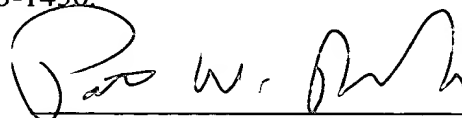
2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV459192346US

Date: February 16, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Patrick W. Rasche, Reg. No. 37,916

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) **X** _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=		x \$25.00 = \$		x \$50.00 = \$
	MINUS	=		x \$100.00 = \$		x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

OR

(b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

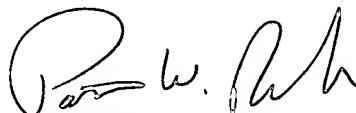
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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AMENDMENT

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In response to the Office Action dated November 17, 2004, please amend the
above identified application as follows.